

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>LS</i>		<i>2-4-00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>PL</i>		<i>2420</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>MD</i>	<i>10303</i>	<i>4-12</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	✓ ✓ ✓
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here